

**Every County Hospital in California Should Print a Yearly Report.**—Mention is made of this Los Angeles County Hospital experience because it is typical of what attending staffs in other county hospitals of California also face; on which account we would stress the thought: If the physicians of a county are generous enough to provide an attending staff for their county hospital, and to give to the indigent sick professional services of a value running into thousands of dollars, then the least that the boards of supervisors should do—as an expression of appreciation on the part of the taxpayers—would be to provide in their budgets (now, by the way, in the making for the next fiscal year) for printed reports on the professional work done. That, surely, is not too much to ask as a kindly return token of services willingly and generously rendered.

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**County Medical Societies Should Join with Attending Staffs in Petitions for Yearly Printed Reports.**—If, then, every county hospital in California brought off the press, each year, such a report, the cause of the public health in California would be materially helped; because detailed reports of that nature must shed much light on methods and problems of mutual interest, especially to Californians. Every county medical society in California may well give this subject its early attention, cooperating with members who are on attending staffs in petitions requesting its boards of supervisors to place this item on their county's budget for the next fiscal year. The time, however, to act on this matter is now—while the budgets are being prepared!

#### **CALIFORNIA MEDICAL ASSOCIATION ANNUAL SESSION: MAY 9-12**

On Monday, May 9, the California Medical Association will convene at the Hotel Huntington in Pasadena to begin a series of meetings extending over four days. These meetings and conferences will mark the sixty-seventh annual session of the Association.

The April supplement of CALIFORNIA AND WESTERN MEDICINE gave the complete programs of General Meetings, Scientific Sections and House of Delegates; and printed also the "Pre-Convention Bulletin," which contained the reports of officers and committees that will come up for consideration by the House of Delegates. That body meets on Monday and Wednesday evenings and members of the House should be in their seats by 8 o'clock, in order that the business may be promptly taken up.

Transportation information concerning rail, motor and local car line routes to the Hotel Huntington appeared on page 30. Members who arrive on southbound trains and who have not made other arrangements to leave the train at Glendale will probably find it much more convenient to detrain at the Southern Pacific station at Fifth and Central avenues, Los Angeles. Then, by way of street car or taxi, go to the Pacific Electric station at Sixth and Main streets, where "Pasadena via Oak

Knoll" cars may be boarded. All cars on this route have a regular stop at the Hotel Huntington grounds.

A last thought: It is the hope of the officers of the Association that you will be among those who will register as "present." You are urged to attend, if only for a part of the session.

**Other State Association and Component County Society News.**—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 362.

## **EDITORIAL COMMENT†**

### **THE MECHANISM OF INSULIN THERAPY IN SCHIZOPHRENIA**

Insulin therapy in schizophrenia promises to negate the previous markedly pessimistic outlook in dementia praecox. Yet there is almost no knowledge of the mechanisms involved. A number of theories have been suggested by Sakel himself, and by others, but little or no corroborative evidence is advanced for the different views. Because of this uncertainty, an investigation of the physiologic effects of insulin in relation to the therapeutic outcome appeals to us as being particularly pertinent.

The physiologic aspects might be classified as follows: (1) primary functions, namely, glycogen storage and increased tissue oxidation; (2) low blood sugar, with its resultant deprivation of nourishment of the brain—here might also be considered the effects of the compensatory epinephrin secretion said to occur in hypoglycemia; (3) "shock effects" from prolonged aglycemia; and (4) secondary effects from increased caloric intake, and improved intestinal absorption and assimilation, such as fat deposition. We shall concern ourselves at present chiefly with the first consideration.

Clinically, one thinks of the action of insulin largely in terms of reduction of the blood sugar, since hypoglycemia is the outstanding effect in the normal person. However, the hypoglycemia is a secondary rather than primary physiologic feature. The primary actions of insulin in the nonpathologic state are not absolutely established. Authorities state that insulin leads to the storage of glycogen in the liver and possibly in the muscles. There is some question of enhancement of oxidation in the peripheral tissues. These primary activities deplete the blood stream of its sugar. Presumably, the initial functions are not abolished when hypoglycemia is prevented by increased carbohydrate administration.

The question comes to mind as to whether or not these primary functions are significant in insulin

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

therapy: will insulin, in the absence of hypoglycemia, yield the same response as in its presence? This query has a practical implication. Treatment with the pancreatic hormone is at present very expensive and, therefore, available to a comparatively small number, and it is also not without danger. If it could be shown that the hypoglycemia is not essential, the limitations of the treatment would be removed by the simultaneous administration of insulin with glucose or food. This problem is being investigated at the present time.

One feature stressed in the literature discourages the supposition that there may be an extrahypoglycemic factor of therapeutic potency in insulin treatment. It is stated that the results are best when the hypoglycemic coma is permitted to persist from three to five hours, instead of being terminated early. The accuracy of this observation is of extreme importance, but until definitely established under controlled conditions, should not be accepted with finality. We recall that when, prior to the days of shock therapy, small doses of insulin were administered to secure weight increase in psychotic patients, favorable effects on the mental state occurred at times. May not the more potent effects of shock therapy be due to the larger dosage of insulin utilized, rather than to "shock" or prolongation of the hypoglycemia? In the investigation of the rôle of insulin in the treatment of schizophrenia, extrahypoglycemic factors are worthy of consideration.

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### CONVALESCENT HOMES

It is interesting to observe, after studying the problem of convalescent home facilities in Los Angeles County, that probably the chief reason why such facilities are not available, in sufficient number, is the fact that medical men are unaware of the value of such service and, consequently, have not made demands which would have produced the supply needed in their communities.

The problem of convalescent care has been very thoroughly studied by the Councils of Social Agencies in various large cities in the United States, and a similar excellent study was made by the Commission under President Hoover, which studied especially the problems of children. In all of these surveys it has been the constant opinion of the investigators that convalescent care, in a properly-equipped convalescent home, could be maintained at less than half the cost of a hospital bed. They were also consistent in finding that convalescent homes could be built for one-half the cost, per bed, compared to hospital beds.

In a period when the care of the indigent sick has been such a tremendous burden to the states and society generally, it is remarkable that more attention has not been paid to the important savings which might be made through convalescent

home care. The same fact is true in the private practice of medicine. Very often a patient who does not have adequate care at home can be cared for to great advantage in the convalescent home, both from the point of view of physical and mental well-being, at much less cost than in hospital. The need for such facilities is, of course, probably more apparent to the orthopedic surgeon because of the long convalescence required in many of his cases. But the fact remains that many patients in the general practice of medicine and surgery would be much happier if they could be in a well-equipped and well-run convalescent home, rather than having to serve the long period of convalescence in the more expensive hospital bed.

A satisfactory convalescent home requires, of necessity, proper consideration of sanitation, easy mobilization of patients in case of fire, and recreation and occupation facilities, while it should have, if possible, physiotherapy available in the institution without requiring the patients' return to some outside establishment for their follow-up treatment.

The long convalescence required after fractures, especially in elderly people, is a thing which comes to mind particularly in considering what great advantage might be served by convalescent home care. These people are often very depressed by the fact of being disabled in their latter years, and the noises and outcries, which will be heard in any hospital, add greatly to the mental depression of such patients; whereas, a convalescent home, in which all the inmates have passed the point of suffering pain and where no acutely-ill person is met, either in the wards or in the recreation halls, is much more conducive to a happy frame of mind during the long months of recovery. These same months are much freer from worry if the cost to the patient can be reduced, which is, of course, the one most important thing the convalescent home can accomplish for the patient.

The ideal convalescent home would be one in which the fire hazards were so low, and the possibility of moving bed and wheelchair patients so facile that care could be given where patients were confined to bed or wheelchair by plaster of Paris or other portable fracture apparatus. This mobility permits of change of scene and a chance of recreation for patients during their confinement, and social activities for both the ambulatory and bed patient.

As medical men we should all be interested in the establishment of convalescent-home care.

Orthopaedic Hospital.

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"Concentration of population and the vicissitudes of modern life demand the continuous development and perpetuation of scientific medicine. We must be adequately prepared not only to render individual professional service to individual patients, but to help solve the problems of the still undiscovered causes of many diseases. In a broad sense organized society perforce depends upon us for the preservation of public health, physical virility and mental power. This then is our burden in a chaotic era of changing social philosophy."—*Cummer*.